MARYHILL MANOR 501 MADISON AVE

NIAGARA 54151 Phone: (715) 251-3172		Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	75	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	75	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	75	Average Daily Census:	74

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.7
Supp. Home Care-Personal Care	No	December 1 Dischilled an			4.0	1 - 4 Years	44.0
Supp. Home Care-Household Services	No	Developmental Disabilities	2.7	Under 65	4.0	More Than 4 Years	17.3
Day Services	No	Mental Illness (Org./Psy)	16.0	65 - 74	5.3		
Respite Care	Yes	Mental Illness (Other)	17.3	75 - 84	28.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.3	85 - 94	52.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	8.0	ĺ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	13.3	65 & Over	96.0		
Transportation	No	Cerebrovascular	20.0			RNs	12.4
Referral Service	No	Diabetes	4.0	Gender	%	LPNs	3.5
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.3	Male	14.7	Aides, & Orderlies	47.7
Mentally Ill	No			Female	85.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No			İ	100.0		
**********	****		*****	* * * * * * * * * * * * * * * *	*******	**********	******

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other]	Private Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	3.6	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.7
Skilled Care	12	100.0	275	49	87.5	123	0	0.0	0	3	42.9	136	0	0.0	0	0	0.0	0	64	85.3
Intermediate				5	8.9	104	0	0.0	0	4	57.1	128	0	0.0	0	0	0.0	0	9	12.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		56	100.0		0	0.0		7	100.0		0	0.0		0	0.0		75	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	25.3		64.0	10.7	75
Other Nursing Homes	5.6	Dressing	32.0		57.3	10.7	75
Acute Care Hospitals	90.3	Transferring	40.0		42.7	17.3	75
Psych. HospMR/DD Facilities	0.0	Toilet Use	38.7		41.3	20.0	75
Rehabilitation Hospitals	0.0	Eating	86.7		5.3	8.0	75
Other Locations	1.4	******	* * * * * * * * * * * * * * *	*****	******	******	* * * * * * * *
Total Number of Admissions	72	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.3	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	15.5	Occ/Freq. Incontiner	nt of Bladder	40.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	29.6	Occ/Freq. Incontiner	nt of Bowel	14.7	Receiving Suct	ioning	0.0
Other Nursing Homes	2.8				Receiving Osto	my Care	2.7
Acute Care Hospitals	14.1	Mobility			Receiving Tube	Feeding	4.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	22.7
Rehabilitation Hospitals	0.0						
Other Locations	1.4	Skin Care			Other Resident C	haracteristics	
Deaths	36.6	With Pressure Sores		4.0	Have Advance D	irectives	74.7
Total Number of Discharges		With Rashes		1.3	Medications		
(Including Deaths)	71				Receiving Psyc	hoactive Drugs	53.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

***************	******	*****	*****	*****	******	******	******	******	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-99	Ski	lled	All	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.7	94.4	1.05	88.5	1.11	87.7	1.12	88.8	1.11
Current Residents from In-County	33.3	77.1	0.43	72.5	0.46	70.1	0.48	77.4	0.43
Admissions from In-County, Still Residing	11.1	24.2	0.46	19.6	0.57	21.3	0.52	19.4	0.57
Admissions/Average Daily Census	97.3	115.9	0.84	144.1	0.68	116.7	0.83	146.5	0.66
Discharges/Average Daily Census	95.9	115.5	0.83	142.5	0.67	117.9	0.81	148.0	0.65
Discharges To Private Residence/Average Daily Census	43.2	46.1	0.94	59.0	0.73	49.0	0.88	66.9	0.65
Residents Receiving Skilled Care	88.0	97.0	0.91	95.0	0.93	93.5	0.94	89.9	0.98
Residents Aged 65 and Older	96.0	97.0	0.99	94.5	1.02	92.7	1.04	87.9	1.09
Title 19 (Medicaid) Funded Residents	74.7	64.4	1.16	66.3	1.13	68.9	1.08	66.1	1.13
Private Pay Funded Residents	9.3	24.7	0.38	20.8	0.45	19.5	0.48	20.6	0.45
Developmentally Disabled Residents	2.7	0.5	5.27	0.4	7.18	0.5	5.41	6.0	0.44
Mentally Ill Residents	33.3	35.9	0.93	32.3	1.03	36.0	0.93	33.6	0.99
General Medical Service Residents	13.3	24.7	0.54	25.9	0.52	25.3	0.53	21.1	0.63
Impaired ADL (Mean)	34.7	50.8	0.68	49.7	0.70	48.1	0.72	49.4	0.70
Psychological Problems	53.3	59.4	0.90	60.4	0.88	61.7	0.86	57.7	0.92
Nursing Care Required (Mean)	4.3	6.8	0.64	6.5	0.67	7.2	0.60	7.4	0.58